



In accordance with 2001 PA 266 and 267, as amended.

Milk Transportation Co./ Milk Tank Truck/ Milk Can Truck License

License Year Ending: _____ Status: ☐ New ☐ Renewal ☐ Temporary ☐ No
If Renewal, Unique ID or License No. of Establishment _____ Longer
Needed

Business/Individual Information (Please list tank information on reverse side)

Business or Individual Name: _____

Business or Individual Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email: _____

Mailing address if different from above: Street or P.O. Box: _____

Blank Space
For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Corporate/Owner Information

Ownership Type: ☐ Sole Ownership ☐ Joint Tenant ☐ Partnership ☐ L.L.C. ☐ Corporation

Corporation: _____

Owner/President (CEO) Name: _____

Street Address of Corporation or Owner: _____

City: _____ State: _____ County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____ Business Email: _____

Emergency Contact: (____) _____ Cell Phone: (____) _____

Federal/Tax ID No.

License Fees (Please indicate all that apply)

\$20.00 Fee No. of Licenses: _____

☐ **Milk Transportation Company**

AOBJ: 0269

\$10.00 Fee No. of Licenses: _____

☐ **Milk Tank Truck**

AOBJ: 0268

\$10.00 Fee No. of Licenses: _____

☐ **Can Milk Truck**
(Manufacturing)

AOBJ: 0279

Payment Method: Check/Money Order No. _____ Amount enclosed: _____

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

Signature: _____ Date: _____

Please print your name here: _____

Title: _____

Application continues
on the back of this form

Milk Tank Truck Information (If additional space is required please copy and attach to this form)

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